

## INSTRUCTIONS FOR FORM A

### NOMINATION FORM LOCAL WORKFORCE INVESTMENT BOARD

#### **Complete Each of the Corresponding Numbered Items**

1. List the name of the person being nominated.
2. Provide the number assigned to the Local Workforce Investment Area by the State.
3. Enter the date the nomination form is submitted to the Chief Local Elected Official.
4. Enter the work address of the person being nominated.
5. Enter the city where nominee works.
6. Enter the county where nominee works.
7. Enter the State where nominee works.
8. Enter the zip code of work location.
9. List the home phone number of nominee, including area code.
10. List the work phone number of nominee, including area code.
11. List the work fax number of nominee, including area code.
12. Provide an E-mail address, if available.
13. Check the box for the gender and race characteristics of the person being nominated.
14. Check the box for the sector for which the person is being nominated. If the person is representing more than one sector, check all that apply. Be sure to fill in the corresponding sector information in sections 15 through 22.
15. Enter the official name of the local workforce investment area.
16. Provide the nominee's title and the name of the CBO represented.
17. Provide the nominee's title, business name, type of business (retail, manufacturing, etc.), whether minority and/or female owned, whether the business where the nominee works is situated in an urban, suburban or rural location and total number of employees at **all** locations of the business.
18. Provide the title of the nominee, the name of the education institution where the nominee is employed and check the appropriate level of education represented by the nominee's educational institution.
19. Provide the title of the economic development nominee.
20. Provide nominee's labor council or building and trades council affiliation for the labor representatives.
21. Provide the title of the one stop nominee and the name of the one stop partner entity and/or program.
22. Provide the title of the "other category" nominee and the name of the agency the nominee represents.
23. For the "nominating organization/entity or individual, enter the following:
  - Local Workforce Investment Area (LWIA) # (see item 2 above),
  - Signature of nominator and date signed,
  - Printed/typed name of nominator,
  - Nominator's organization, unless an individual
  - Phone number, fax and E-mail of nominator.
24. For the Chief Local Elected Official, enter the following:
  - LWIA #,
  - Term of appointment for the nominee
  - Signature and date signed by the Chief Local Elected Official